

# Enhanced Primary Care Medical Provider (ePCMP)

## *Initial Program Evaluation*

ACC Program Improvement Advisory Committee Meeting

August 17, 2016

# Outline

|   | Topic   | Presenter(s) |
|---|---|--------------|
| 1 | ePCMP Program Overview <ul style="list-style-type: none"><li>• The ePCMP factors</li><li>• The performance measures</li></ul> | HCPF         |
| 2 | Study Populations   | 3M           |
| 3 | Analysis Considerations   | 3M           |
| 4 | Overall ePCMP vs. Non-ePCMP results   | 3M           |
| 5 | Factor specific performance   | 3M           |
| 6 | Final Thoughts/Q & A  | 3M/HCPF      |

Presenters: HCPF – Sophie Thomas, ACC Program Analyst  
3M – Valerie Vold, Consultant  
3M – Kit Lee, Consultant

# Intro to the ePCMP program

## Quick Stats

- ❑ **Program Description:** The ACC offers additional incentive payments to PCMPs that meet enhanced primary medical home factors established by NCQA and RCCO recommendations. A PCMP that meets at least five of the nine factors qualifies as an enhanced Primary Care Medical Provider (ePCMP).
- ❑ **Program start year:** July 2014
- ❑ **Number of Participating ePCMPs:** 269
- ❑ **Number of Attributed Clients:** ~500,000
  - Rocky Mountain Health Plans (RCCO 1): 48 practices
  - Colorado Access (RCCOs 2, 3, 5): 127 practices
  - Integrated Community Health Partners (RCCO 4): 39 practices
  - Colorado Community Health Alliance: 13 practices
  - Community Care of Central Colorado: 42 practices

# The Nine ePCMP Factors

*These are the independent (predictor) variables applied in this analysis*

| Factor | Descriptions  |
|--------|---|
| 1      | The PCMP has regularly scheduled appointments (at least one time a month) on a weekend and/or on a weekday outside of typical workday hours.  |
| 2      | The PCMP provides timely clinical advice by telephone or secure electronic message both during and after office hours. Patients and families are clearly informed about these procedures.   |
| 3      | The PCMP uses available data (e.g., SDAC, clinical information) to identify special patient populations who may require extra services and support for medical and/or social reasons. The Practice has procedures to proactively address the identified health needs.   |
| 4      | The PCMP provides on-site access to behavioral health care providers.   |
| 5      | The PCMP collects and regularly updates a behavioral health screening (including substance use) for adults and adolescents and/or developmental screening for children (newborn to five years of age) using a Medicaid approved tool. In addition, the practice has documented procedures to address positive screens and has established relationships with providers to accept referred patients or utilizes the standard referral and release form created by the Behavioral Health Organizations. |
| 6      | The PCMP generates lists of patients actively receiving care coordination.  |
| 7      | The PCMP tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information.  |
| 8      | The PCMP will accept new Medicaid clients for the majority of the year.   |
| 9      | The PCMP and patient/family/caregiver collaborate to develop and update an individual care plan.  |

# The Performance Measures

*These are the dependent (outcome) variables - ACC KPI and Quality Measures*

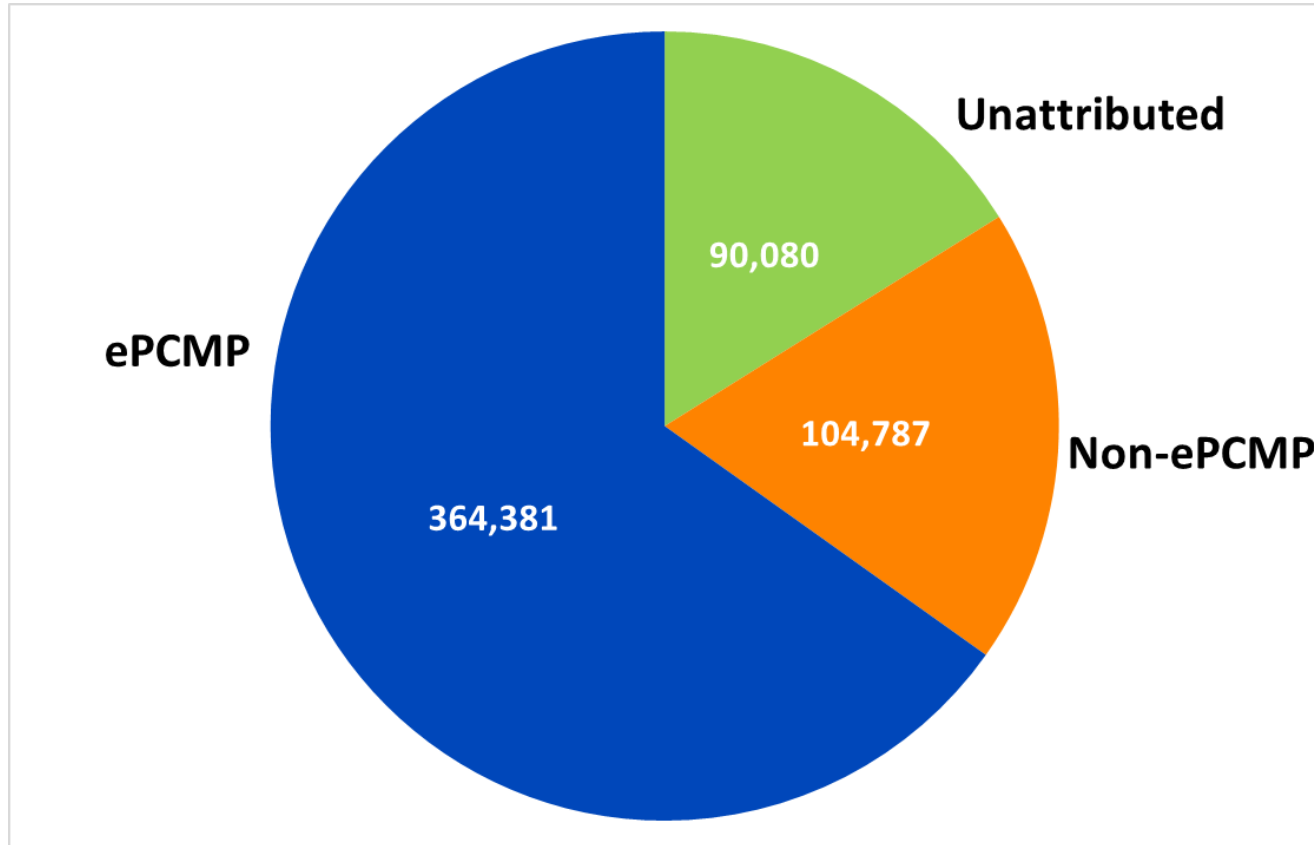
|    | Measure  | Descriptions  |
|----|--|---|
| 1  | <b><i>KPI ER Visits</i></b>                      | % Difference from risk adjusted expected ER visits (PKPY) – Per Thousand Per Year           |
| 2  | Total Cost of Care                               | % Difference from risk adjusted expected Total Cost of Care (PMPM) – Per Member Per Month   |
| 3  | Inpatient Admissions                             | % Difference from risk adjusted expected Inpatient Admissions (PKPY)                        |
| 4  | High Cost Imaging                                | % Difference from risk adjusted expected High Cost Imaging utilization (PKPY) -             |
| 5  | <b><i>KPI Post Partum Care</i></b>               | % Complete Rate (Had post partum visit/eligible for post partum visit) over 12 month period |
| 6  | Prenatal Screening                               | % Complete Rate (Had prenatal care/eligible for prenatal care) over 12 month period         |
| 7  | 30 Day Follow Up visit (post-IP discharge)       | % Complete Rate (Had 30 day follow up visit/had IP discharge) over 12 month period          |
| 8  | HbA1c Test                                       | % Complete Rate (Had HbA1c test/eligible diabetic) over 12 month period                     |
| 9  | Chlamydia Screening                              | % Complete Rate (Had chlamydia screening/eligible for screening) over 12 month period       |
| 10 | Depression Screening                             | % Complete Rate (Had depression screening/eligible for screening) over 12 month period      |
| 11 | Depression Screening Follow-up                   | % Complete Rate (Had Dep screening follow up/ eligible for follow up) over 12 month period  |
| 12 | <b><i>KPI Well Child Visits (Ages 3 - 9)</i></b> | % Complete Rate (Had well child visit/eligible 3-9 yo for WCV) over 12 month period         |
| 13 | Well Child Visits (Ages 0 - 21)                  | % Complete Rate (Had well child visit/eligible 0-21 yo for WCV) over 12 month period        |




# Analysis Considerations

- State Fiscal Year 2015 (July 2014 – June 2015) used as evaluation period
  - Could not trend data between SFYs due to budget rebasing
  - Analysis run on SFY 2015 budget population (Expansion population first added in SFY 2016)
- Incomplete data available for some KPI measures (introduced later than other measures)
- Other data limitations: (from HCPF Factor summary pdf)
  - Data included for ePCMPs that met 5+ Factors but remaining data collection may not have been completely reviewed.
  - No specific factor info for PCMPs that met 0-4 factors
  - We do not know how many practices were *not* assessed
- Unreliable effective dates for factor implementation – potential bias on KPI Measures

# Evaluation populations

*SFY 2015 member counts*



-  **ePCMP** – Members attributed to PCMPs that met program criteria (met 5 or more factors)
-  **Non-ePCMP** – Members attributed to PCMPs that did not meet program criteria (including PCMPs that were never assessed).
-  **Unattributed** – members who are unattributed (RCCO-only) or attributed to a non-ACC contracted provider

\* Only includes members that meet the SFY 2015 budget criteria

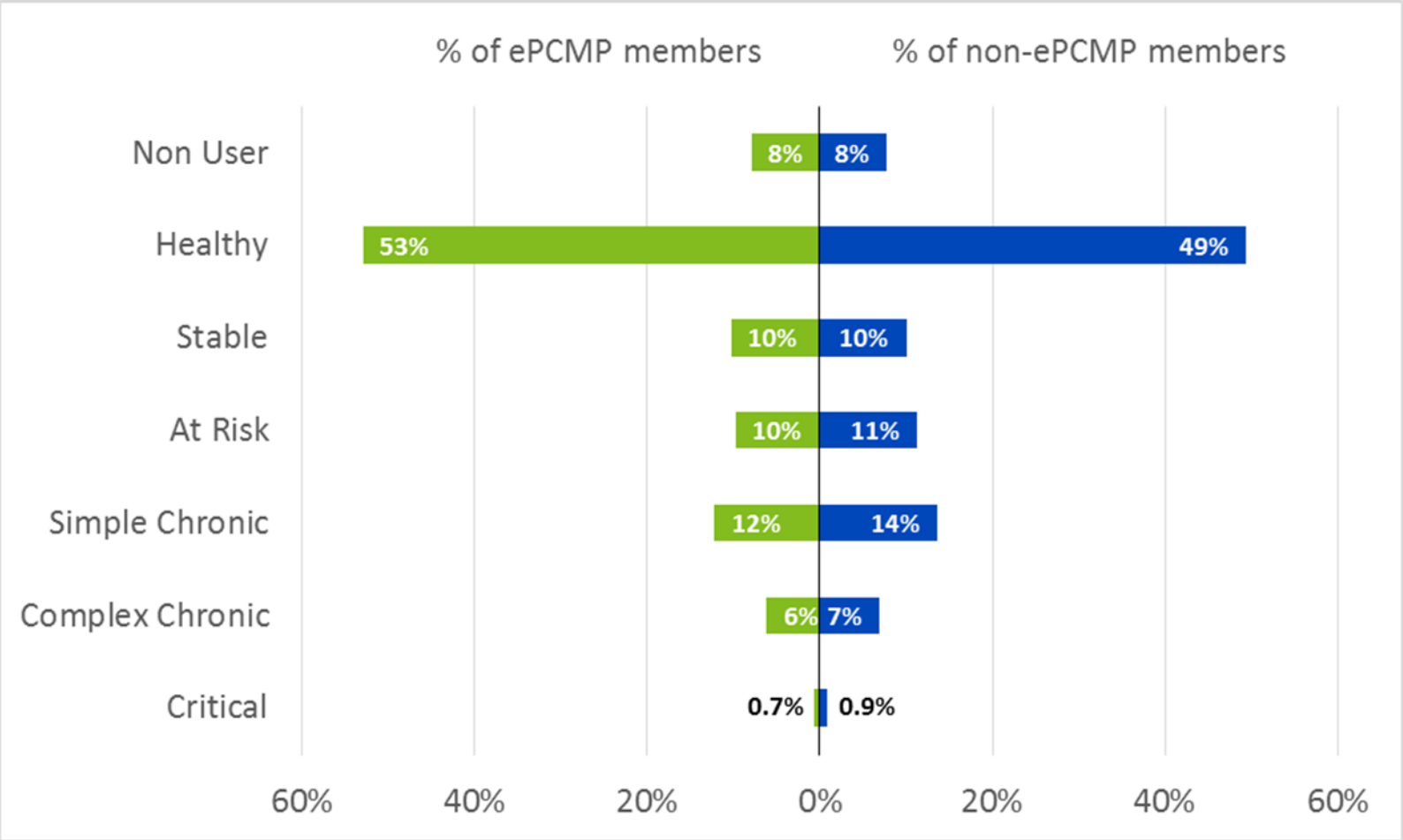
\*\*No expansion population in budget criteria until SFY 2016

# **Overall ePCMP vs. Non-ePCMP results (Not factor specific)**



# Health risk profile of each evaluation group

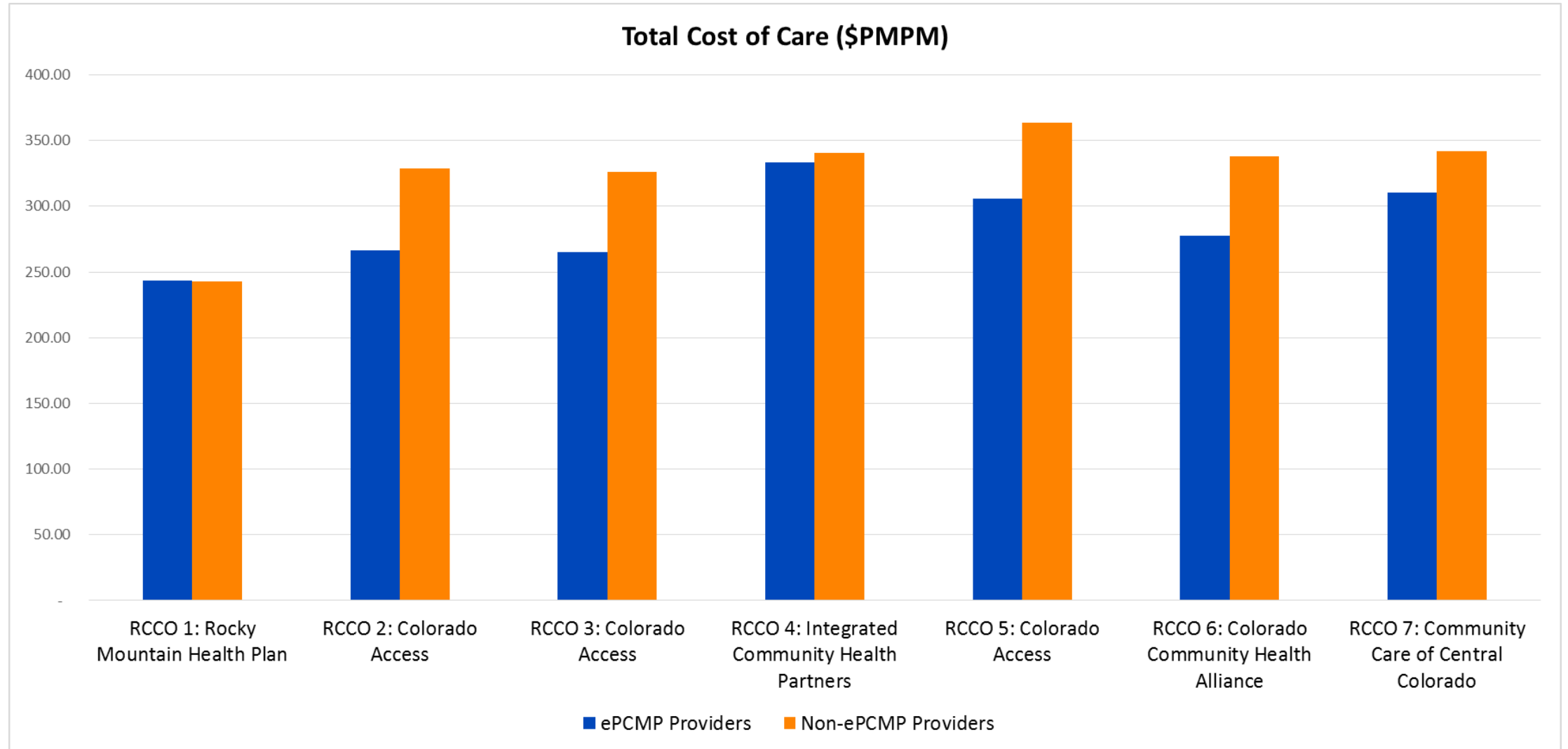
*ePCMP and Non-ePCMP members have similar health risk profiles.*



| SEGMENT         | DEFINITION  |
|-----------------|---|
| NON-USER        | No use of services  |
| HEALTHY         | No or temporary illness burden; low use of services primarily related to prevention, well care, and minor acute services                        |
| STABLE          | Low illness burden; modest use of services including well care and occasional acute care services   |
| AT-RISK         | Modest illness burden but with clear potential for deterioration; increasing, inconsistent use of well care, specialty, and acute care services |
| SIMPLE CHRONIC  | Medium illness burden; consistent use of services to treat a chronic condition  |
| COMPLEX CHRONIC | Medium to high illness burden; consistent use of services to treat severe or multiple chronic conditions  |
| CRITICAL        | High illness burden; consistent use of services for life threatening illnesses  |

# Total Cost of Care: ePCMP vs non-ePCMP

*Across the RCCOs, ePCMP members generally had lower Total Cost of Care than non-ePCMP members.*



# Overall ePCMP vs Non-ePCMP performance in current KPIs

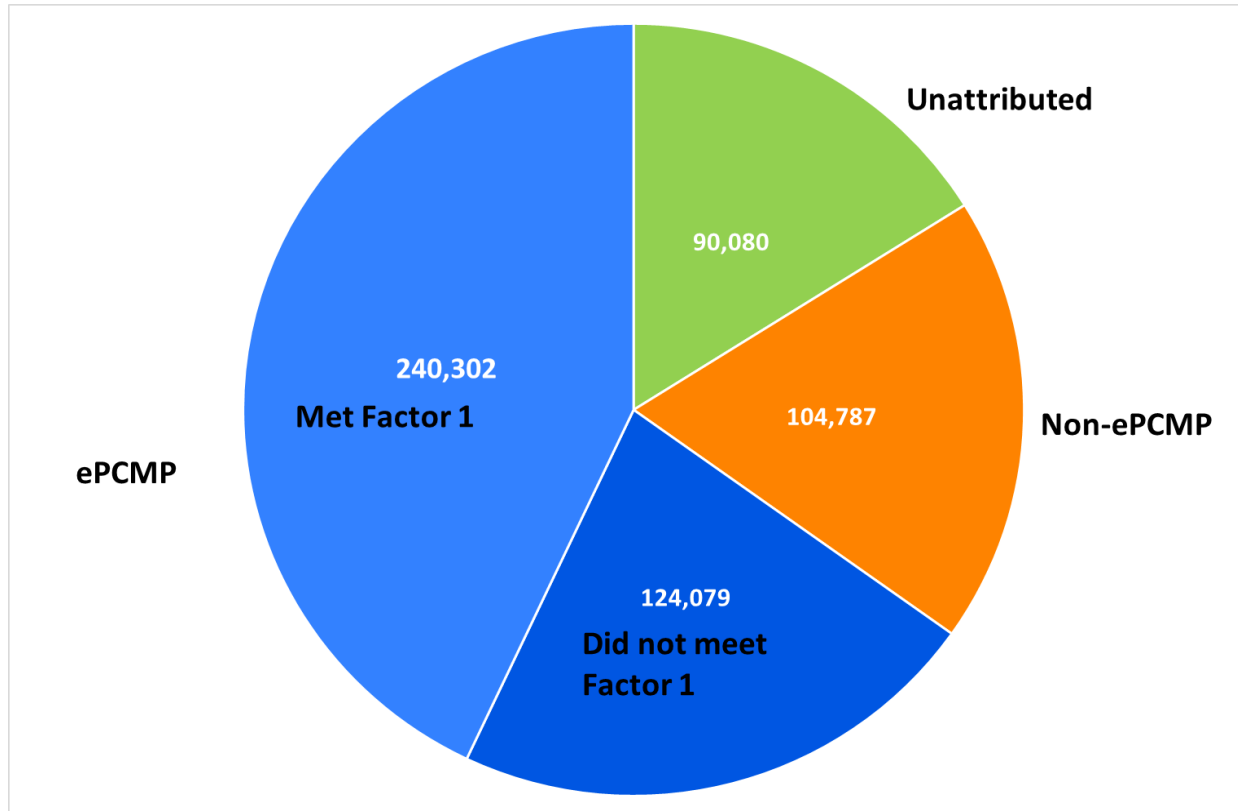
*Results across the seven RCCOs*

- ❑ ER Visits – ePCMPs had worse performance than non-ePCMPs
  - ePCMPs: 12.7% more ER visits than the risk-adjusted expected amount
  - Non-ePCMPs: 5.2 % more ER visits than the risk-adjusted expected amount
  
- ❑ Well Child Visit (Ages 3 – 9) – ePCMPs had *slightly* better compliance than non-ePCMPs
  - ePCMPs had average well child visit 52.8% completion rate
  - Non-ePCMPs had average well child visit 49.6% completion rate
  
- ❑ Post Partum Visits– ePCMPs had worse rates than non-ePCMPs
  - ePCMPs had average 63.8% completion rate
  - Non-ePCMPs had average 81.8% completion rate

# Factor Specific Analyses

# Evaluation populations (Factor 1)

*SFY 2015 member counts*



**ePCMP met Factor 1** – Members attributed to ePCMPs that met Factor 1 (Extended hours)



**ePCMP did not meet Factor 1** – Members attributed to ePCMPs that did NOT meet Factor 1



**Non-ePCMP** – Members attributed to PCMPs that did not meet program criteria (including PCMPs that were not assessed).



**Unattributed** – members who are unattributed (RCCO-only) or attributed to a non-ACC contracted provider

\* Only includes members that meet the SFY 2015 budget criteria

\*\*No expansion population in budget criteria until SFY 2016

# Factor 1: Extended Hours

*How are extended office hours associated with KPI performance?*

- ☐ ePCMPs that met factor 1 were the worst performers for ER KPI
- ☐ ePCMPs that did NOT have factor 1 performed best in TCC
- ☐ ePCMPs that met factor 1 were the best performers for 30 Day Follow up and WCV rates
- ☐ *None of these differences are statistically significant*

| Quality Measures                     | ePCMP        |                       | Non-ePCMP | Unattributed |
|--------------------------------------|--------------|-----------------------|-----------|--------------|
|                                      | Met factor 1 | Did NOT meet Factor 1 |           |              |
| KPI ER Visits (PKPY) % Diff          | 13.2%        | 7.7%                  | 4.8%      | 6.6%         |
| Total Cost of Care (PMPM) % Diff     | -0.3%        | -2.8%                 | 1.7%      | -0.9%        |
| IP Admits (PKPY) % Diff              | -27.3%       | -34.7%                | -23.0%    | 3.9%         |
| High Cost Imaging (PKPY) % Diff      | -5.6%        | -12.1%                | -6.4%     | -8.0%        |
| KPI Post Partum Care Rate            | 63.3%        | 63.4%                 | 82.6%     | 73.0%        |
| Pre Natal Screening Rate             | 47.4%        | 61.2%                 | 82.0%     | 76.3%        |
| 30 Day Follow Up Rate                | 54.5%        | 49.7%                 | 44.7%     | 30.9%        |
| HbA1c Screening Rate                 | 78.3%        | 76.2%                 | 80.6%     | 63.0%        |
| Chlamydia Screening Rate             | 55.6%        | 58.9%                 | 51.2%     | 46.3%        |
| Depression Screening Rate            | 4.8%         | 4.4%                  | 2.0%      | 1.1%         |
| Depression Screening Follow Up Rate  | 18.0%        | 21.9%                 | 22.9%     | 23.4%        |
| KPI Well Child Visit (Ages 3-9) Rate | 54.4%        | 51.3%                 | 49.0%     | 14.9%        |
| Well Child Visits (Ages 0-21) Rate   | 55.4%        | 52.2%                 | 50.0%     | 15.6%        |

*Legend*



# Factor 4: On site access to behavioral healthcare services

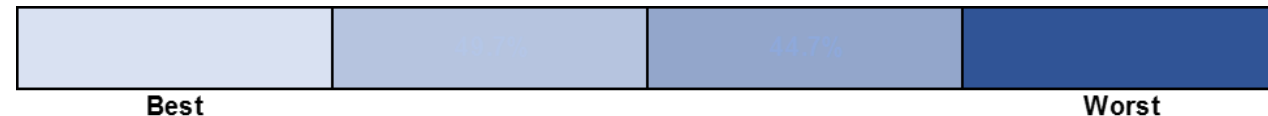
*How is on site access to behavioral healthcare services associated with KPI performance?*

- ❑ ePCMPs that met factor 4 were the worst performers for ER KPI
- ❑ Depression screening rates were the highest (best) for ePCMPs that met Factor 4 - but small percent complete overall (5% and under)
- ❑ Depression screening follow up rates are lowest for ePCMPs whether or not they met Factor 4 (small eligible populations)

| Quality Measures                          | ePCMP        |                       | Non-ePCMP | Unattributed |
|---|--------------|-----------------------|-----------|--------------|
|   | Met factor 4 | Did NOT meet Factor 4 |           |              |
| * KPI ER Visits (PKPY) % Diff (+)         | 16.8%        | -1.0%                 | 4.8%      | 6.6%         |
| * Total Cost of Care (\$PMPM) % Diff (-)  | -0.7%        | -2.1%                 | 1.7%      | -0.9%        |
| * IP Admits (PKPY) % Diff (-)             | -30.1%       | -30.1%                | -23.0%    | 3.9%         |
| High Cost Imaging (PKPY) % Diff           | -5.8%        | -12.8%                | -6.4%     | -8.0%        |
| KPI Post Partum Care Rate                 | 60.9%        | 69.4%                 | 82.6%     | 73.0%        |
| * Pre Natal Screening Rate (-)            | 45.2%        | 70.4%                 | 82.0%     | 76.3%        |
| 30 Day Follow Up Rate                     | 54.3%        | 49.1%                 | 44.7%     | 30.9%        |
| * HbA1c Screening Rate (-)                | 74.3%        | 84.6%                 | 80.6%     | 63.0%        |
| Chlamydia Screening Rate                  | 55.0%        | 60.1%                 | 51.2%     | 46.3%        |
| Depression Screening Rate                 | 5.1%         | 3.8%                  | 2.0%      | 1.1%         |
| * Depression Screening Follow Up Rate (-) | 19.2%        | 19.6%                 | 22.9%     | 23.4%        |
| KPI Well Child Visit (Ages 3-9) Rate      | 54.0%        | 51.8%                 | 49.0%     | 14.9%        |
| Well Child Visit (Ages 0-21) Rate         | 55.2%        | 52.5%                 | 50.0%     | 15.6%        |

*\* Factor 4 has six statistically significant relationships.*

Legend



# Factor 5: Collects & updates behavioral health screening procedures

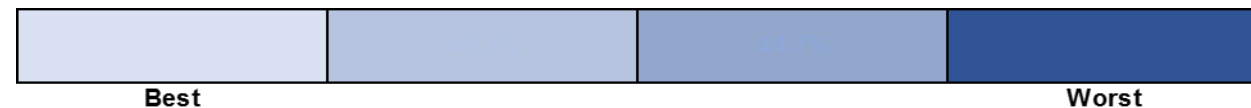
*How is having regular BH screening, documented follow-up procedures, etc. associated with KPI performance?*

- ☐ ePCMPs that met Factor 5 were the worst performers for ER KPI
- ☐ Depression screening rates were the highest (best) for ePCMPs that did NOT meet Factor 5 - but small percent complete overall ( < 7%)
- ☐ Depression screening follow up rates are lowest (worst) for ePCMPs whether or not they met Factor 5

*\* Factor 5 has three statistically significant relationships.*

| Quality Measures                           | ePCMP        |                       | Non-ePCMP | Unattributed |
|--|--------------|-----------------------|-----------|--------------|
|  | Met factor 5 | Did NOT meet Factor 5 |           |              |
| KPI ER Visits (PKPY) %Diff                 | 12.1%        | 8.0%                  | 4.8%      | 6.6%         |
| Total Cost of Care (\$PMPM) %Diff          | -1.3%        | -0.5%                 | 1.7%      | -0.9%        |
| IP Admits (PKPY) %Diff                     | -32.7%       | -18.4%                | -23.0%    | 3.9%         |
| High Cost Imaging (PKPY) %Diff             | -8.5%        | -6.3%                 | -6.4%     | -8.0%        |
| Pre Natal Screening Rate                   | 52.2%        | 54.0%                 | 82.0%     | 76.3%        |
| 30 Day Follow Up Rate                      | 52.6%        | 53.2%                 | 44.7%     | 30.9%        |
| HbA1c Screening Rate                       | 75.4%        | 85.2%                 | 80.6%     | 63.0%        |
| * Chlamydia Screening Rate (+)             | 58.0%        | 51.3%                 | 51.2%     | 46.3%        |
| Depression Screening Rate                  | 4.0%         | 7.4%                  | 2.0%      | 1.1%         |
| Depression Screening Follow Up Rate        | 19.4%        | 19.1%                 | 22.9%     | 23.4%        |
| * KPI Well Child Visit (Ages 3-9) Rate (+) | 54.3%        | 50.2%                 | 49.0%     | 14.9%        |
| * Well Child Visit (Ages 0-21) Rate (+)    | 55.2%        | 51.4%                 | 50.0%     | 15.6%        |

Legend





# Factor 9: Patient Centered Care Plans

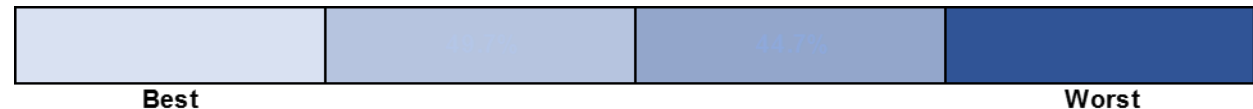
*How is having patient centered care plans associated with KPI performance?*

- ❑ ePCMPs that met Factor 9 were the worst performers for ER KPI
- ❑ ePCMPs that had factor 9 performed best in TCC
- ❑ 30 day follow up rates were higher within the ePCMP group, but ePCMPs that did NOT meet factor 9 had a slightly higher rate (54% vs 51%)

*\* Factor 9 has three statistically significant relationships.*

| Quality Measures                         | ePCMP        |                       | Non-ePCMP | Unattributed |
|--|--------------|-----------------------|-----------|--------------|
|  | Met factor 9 | Did NOT meet Factor 9 |           |              |
| KPI ER Visits (PKPY) % Diff              | 12.1%        | 10.6%                 | 4.8%      | 6.6%         |
| * Total Cost of Care (\$PMPM) % Diff (+) | -2.3%        | 0.0%                  | 1.7%      | -0.9%        |
| IP Admits (PKPY) % Diff                  | -35.2%       | -24.2%                | -23.0%    | 3.9%         |
| HC Imaging PKPY % Diff                   | -9.9%        | -5.8%                 | -6.4%     | -8.0%        |
| * KPI Post Partum Care Rate (+)          | 71.8%        | 54.9%                 | 82.6%     | 73.0%        |
| Pre Natal Screening Rate                 | 56.4%        | 48.8%                 | 82.0%     | 76.3%        |
| 30 Day Follow Up Rate                    | 51.5%        | 54.0%                 | 44.7%     | 30.9%        |
| HbA1c Screening Rate                     | 79.5%        | 74.6%                 | 80.6%     | 63.0%        |
| Chlamydia Screening Rate                 | 57.4%        | 56.1%                 | 51.2%     | 46.3%        |
| * Depression Screening Rate (+)          | 3.4%         | 5.8%                  | 2.0%      | 1.1%         |
| Depression Screening Follow Up Rate      | 22.7%        | 17.4%                 | 22.9%     | 23.4%        |
| KPI Well Child Visit (Ages 3-9) Rate     | 50.2%        | 55.5%                 | 49.0%     | 14.9%        |
| Well Child Visit (Ages 0-21) Rate        | 51.9%        | 56.1%                 | 50.0%     | 15.6%        |

**Legend**



# Factor impact on select KPI measures within ePCMPs

## ❑ KPI ER Visits

- 7 out of 9 of the factors were associated with an increase in ER KPI
- Only factor 4 (on site BH services access) has a statistically significant relationship to the ER KPI (Undesired increase)

## ❑ Total Cost of Care

- There are two factors with statistically significant relationships with the TCC KPI
- Factor 4 (on site BH services access) decreases TCC
- Factor 9 (Patient Centered Care Plans) increases TCC

## ❑ KPI Well Child Visit (Ages 3 – 9)

- Factors have a mixed effect on the Well Child Visit KPI
- Factor 5 (BH screening) has a statistically significant relationship to the Well Child Visit KPI (Desired increased rate)

# Final Thoughts

- Need better quality data!
- Overall results show lower Total Cost of Care (\$MPM) by ePCMPs (vs. non-ePCMPs)
- Factor specific analyses did not yield relationships between the factors and performance measures as anticipated
- Factor specific regression analysis showed that there is statistical significant relationships to the performance measures for factor 4, 5 and 9
- Suggestions for future evaluations
  - Consider SFY 2015 as baseline KPI results – compare to next SFY?
  - See how different combinations of factors affect outcomes using regression analysis
  - Is it the right thing to do to use KPIs as outcome measures? (use ePCMP member surveys?)
  - Consider review of overall impact vs individual measures (not factor specific)

# Questions?